



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH  
CHILD CARE FACILITY  
INSPECTION REPORT**

<b>REASON</b>		<b>GRADE</b>	<b>Inspection Date:</b>	<b>ESTABLISHMENT NAME:</b>	
Regular	✓	8	10/20/2018	SANCTUARY MALE EMERGENCY SHELTER	
Follow-Up			<b>Time In/Out:</b>	<b>OWNER/OPERATOR:</b>	
Complaint			10:11AM   12:00PM	SANCTUARY, INC.	
Investigation		<b>RATING</b>	<b>Sanitary Permit No.:</b>	<b>LOCATION:</b>	<b>Establishment Type:</b>
Other:		A	20000-180002119	CHAMPAIGN	FGDC
			<b>PERMIT STATUS:</b> <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired		
<b>No. of Children:</b> 0 Male 0 Female 0 Total			<b>Child Care License:</b> No.: 170138 <input checked="" type="checkbox"/> Valid <input type="checkbox"/> / / Provisional <input type="checkbox"/> / / Expired		

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

ITEM*	REMARKS	DEMERIT	CORRECT BY
	A REGULAR INSPECTION WAS CONDUCTED TODAY. PREVIOUS INSPECTION DATED ON 07/31/2018, RESULTED IN A GRADE/RATING OF 2/A. PREVIOUS VIOLATION ITEM # 31 WAS CORRECTED. THE FOLLOWING WERE OBSERVED:		
17.	CEILING AND EXHAUST VENTS IN THE KITCHEN WERE FOUND WITH DUST ACCUMULATION.	2	11/15/2018
	CEILINGS AND EXHAUST VENTS SHALL BE KEPT CLEAN AND MAINTAINED TO ENSURE THE FACILITY'S SANITARY CONDITION.		
31.	AIR CONDITIONING VENTS THROUGHOUT THE WHOLE ESTABLISHMENT WERE FOUND WITH DUST ACCUMULATION.	2	11/25/2018
	ALL AREAS, FACILITIES, AND EQUIPMENT SHALL BE KEPT CLEAN AND MAINTAINED TO ENSURE THE FACILITY'S SANITARY CONDITION.		
	TILES WERE		
33.	FLOOR IN RESTROOM 1 WAS FOUND WITH WHITE STAINS AND DARK DISCOLORATION.	4	11/26/2018
	FLOOR AREAS SHALL BE CLEANED DAILY TO ENSURE THE FACILITY'S SANITARY CONDITION.		

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

\*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:  
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

Isabel D. McCard Residentia/Superior

DEH Inspector (Name & Title):

V. RAYMUNDO, ERTO I 300-9570



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INSPECTION REPORT**

REASON		GRADE  8	Inspection Date:		ESTABLISHMENT NAME:		
Regular	✓		10	26	2008	SANCTUARY MALE EMERGENCY SHELTER	
Follow-Up			Time In/Out:		OWNER/OPERATOR:		
Complaint			10:11am	12:00pm	SANCTUARY, INC.		
Investigation		RATING  A	Sanitary Permit No.:		LOCATION:	Establishment Type:	
Other:			20800-120002119	CHAUAN PAGO		FGDC	
No. of Children: 0 Male 0 Female 0 Total			PERMIT STATUS: ✓ Valid _____ Temporary _____ Expired				
			Child Care License: No.: 17033 ✓ Valid / / Provisional / / Expired				

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

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(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

DEH Inspector (Name & Title):  
J. RAYMUNDO, EDITOR 370-9570